Medical Verification Form Part B

Medical authority may complete this form or use their own medical exam form, which provides at a minimum, a report of the physical requirements stated on this form.

Operator Information

Name (Last, First, MI)	Birthdate (mm/dd/yy)	Age
Social Security Number or Candidate ID		Sex (M/F)
Current Address		
City	State	Zip
Phone Number	Email	

Reason for Request

Yes	No		Yes	No	
☐	☐	Asthma, Lung disease	☐	☐	Digestive problems
☐	☐	Kidney disease	☐	☐	Stroke or paralysis
☐	☐	Tuberculosis	☐	☐	Rx drug use
☐	☐	Diabetes	☐	☐	Head or spinal injury(ies)
☐	☐	Liver disease	☐	☐	Seizures, dizziness or fainting
☐	☐	Rheumatic fever	☐	☐	Chronic low back pain
☐	☐	Narcotic or habit forming drug use	☐	☐	Psychiatric disorder, e.g. Severe depression
☐	☐	Muscular Disease			
☐	☐	Any other nervous disorder	☐	☐	Regular, frequent alcohol use
☐	☐	Cardiovascular Disease	☐	☐	Suffering from another disorder

If answered YES to any above, please explain:

Carefully read the ASME B30.5-3.1.2(a) physical qualification requirements listed below. (Medical authority, please initial yes or no)	Yes	No
Patient has a vision of at least 20/30 Snellen in one eye and 20/50 in the other, with or without corrective lenses.		
Patient has the ability to distinguish colors, regardless of position, if color differentiation is required.		
Patient has adequate hearing to meet operational demands, with or without a hearing aid.		
Patient has sufficient strength, endurance, agility, coordination and speed of reaction to meet crane operator demands.		
Patient has normal depth perception, field of vision, reaction time, manual dexterity, coordination and no tendencies to dizziness or similar undesirable characteristics.		
Patient has negative results for a substance abuse test. The level of testing is determined by the standard practice for the industry where the patient is employed and confirmed by a recognized laboratory service.		
Patient has no physical defects or emotional instability that could render a hazard to themselves or others, or which, in the opinion of the medical authority, could interfere with the candidate's performance. If evidence of this nature is found, it may be sufficient cause for disqualification.		
Patient is not subject to seizures or loss of physical control. Such evidence shall be sufficient reason for disqualification. Specialized medical tests may be required to determine these conditions.		

Disclaimer: Understanding that medical conditions can change rapidly, the above responses indicate that at the time the person listed as 'Operator' met the physical (medical) requirements as indicated.

If there are any NO answers to one or more of the eight (8) requirements listed above, but you as the Medical Authority believe that failure to meet the qualification will not affect the ability of the person listed as 'Operator' to operate cranes, please attach your explanation why.

Patient Signature _____ Date _____

Medical Authority Signature _____ Date _____

Medical Authority Printed Name _____ Phone Number _____